

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Smith, Anita M</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>8029</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>2654 W North Ave Chicago, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
ZIPCODE <b>60647</b>				ZIPCODE			
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):			
ZIPCODE				ZIPCODE			
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE	
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding  <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000							
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion							

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Smith, Anita M</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>NDIL</b>		Case Number: <b>0417782</b>	Date Filed: <b>050504</b>
Location Where Filed: <b>N/A</b>		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Derek V Lofland</b> <b>10/07/08</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Smith, Anita M**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Anita M Smith**

Signature of Debtor

**Anita M Smith**

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**October 7, 2008**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X /s/ Derek V Lofland**

Signature of Attorney for Debtor(s)

**Derek V Lofland 6280490**

Printed Name of Attorney for Debtor(s)

**Gleason & Gleason**

Firm Name

**77 W Washington, Ste 1218**

Address

**Chicago, IL 60602**

**(312) 578-9530**

Telephone Number

**October 7, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

IN RE:

Smith, Anita M

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Anita M Smith

Date: October 7, 2008

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Smith, Anita M**

Printed Name(s) of Debtor(s)

**X /s/ Anita M Smith**

Signature of Debtor

**10/07/2008**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

IN RE:

Case No. \_\_\_\_\_

Smith, Anita M

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 1,575.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10		\$ 23,213.35	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,217.52
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,212.00
TOTAL		21	\$ 1,575.00	\$ 23,213.35	

IN RE:

Case No. \_\_\_\_\_

Smith, Anita M

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 2,217.52
Average Expenses (from Schedule J, Line 18)	\$ 2,212.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 2,867.95

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 23,213.35
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 23,213.35



SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash on Hand</b>		<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	<b>X</b>			
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Misc Household Goods</b>		<b>950.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles</b>		<b>250.00</b>
6. Wearing apparel.		<b>Used Clothing</b>		<b>250.00</b>
7. Furs and jewelry.		<b>Misc Costume Jewelry</b>		<b>75.00</b>
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life thru work - no cash value</b>		<b>0.00</b>
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>Pension with current employer - 100% Exempt</b>		<b>0.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			

IN RE **Smith, Anita M**

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

IN RE Smith, Anita M

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>1,575.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)
[ ] Check if debtor claims a homestead exemption that exceeds \$136,875.

- [ ] 11 U.S.C. § 522(b)(2)
- [x] 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Cash on Hand	735 ILCS 5 §12-1001(b)	50.00	50.00
Misc Household Goods	735 ILCS 5 §12-1001(b)	950.00	950.00
Books, Pictures, and other art objects, antiques, stamp, coin, record, tape, compact disc, and other colletions or collectibles	735 ILCS 5 §12-1001(b)	250.00	250.00
Used Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Misc Costume Jewelry	735 ILCS 5 §12-1001(b)	75.00	75.00
Pension with current employer - 100% Exempt	735 ILCS 5 §12-1006(a)	100%	0.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>F3106004</b> <b>Aaron Sales And Lease Ow</b> <b>1015 Cobb Place Blvd Nw</b> <b>Kennesaw, GA 30144</b>		<b>Open account opened 10/06</b>				<b>1,132.00</b>
ACCOUNT NO. <b>Advocate Illinois Masonic</b> <b>836 W Wellington Ave</b> <b>Chicago, IL 60657</b>						<b>0.00</b>
ACCOUNT NO. <b>Advocate Illinois Masonic Physicians Gro</b> <b>75 Remittance Dr. Suite 6994</b> <b>Chicago, IL 60675</b>						<b>28.35</b>
ACCOUNT NO. <b>55418271</b> <b>Allied Interstate Inc</b> <b>435 Ford Rd Ste 800</b> <b>Minneapolis, MN 55426</b>		<b>Open account opened 4/08</b>				<b>184.00</b>

9 continuation sheets attached

Subtotal  
(Total of this page) \$ **1,344.35**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$



IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>At T Mw Secondary</b>		<b>Assignee or other notification for: Allied Interstate Inc</b>				
ACCOUNT NO. <b>604133207</b> <b>America's Fi</b> <b>2 W. Madison St.</b> <b>Oak Park, IL 60302</b>		<b>Installment account opened 12/07</b>				<b>1,099.00</b>
ACCOUNT NO. <b>American Accounts &amp; Advisors</b> <b>3904 Cedarvale Drive</b> <b>Eagan, MN 55122</b>		<b>overdraft</b>				<b>1,134.00</b>
ACCOUNT NO. <b>Americash Loans</b> <b>1117 S First Ave</b> <b>Maywood, IL 60153</b>		<b>personal loan</b>				<b>400.00</b>
ACCOUNT NO. <b>517805723327</b> <b>Cap One</b> <b>Po Box 85520</b> <b>Richmond, VA 23285</b>		<b>Revolving account opened 10/07</b>				<b>993.00</b>
ACCOUNT NO. <b>11838690</b> <b>Cavalry Portfolio Serv</b> <b>7 Skyline Dr Ste 3</b> <b>Hawthorne, NY 10532</b>		<b>Open account opened 3/07</b>				<b>504.00</b>
ACCOUNT NO. <b>Sprint Pcs</b>		<b>Assignee or other notification for: Cavalry Portfolio Serv</b>				

Sheet no. 1 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **4,130.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>C0</b> <b>Central Furn</b> <b>1348 N Milwaukee</b> <b>Chicago, IL 60622</b>		<b>Creditline account opened 1/05</b>				<b>1,699.00</b>
ACCOUNT NO. <b>Com Ed</b> <b>Customer Care Center</b> <b>PO Box 805379</b> <b>Chicago, IL 60680-5379</b>						<b>0.00</b>
ACCOUNT NO. <b>Comcast</b> <b>Attn: Bankruptcy</b> <b>1500 Market St</b> <b>Philadelphia, PA 19102-2100</b>		<b>Utility or Cellular Service</b>				<b>367.00</b>
ACCOUNT NO. <b>581549</b> <b>Computer Credit Svc Co</b> <b>Po Box 60201</b> <b>Chicago, IL 60660</b>		<b>Open account opened 8/06</b>				<b>100.00</b>
ACCOUNT NO. <b>Riveredge Hospital</b>		<b>Assignee or other notification for:</b> <b>Computer Credit Svc Co</b>				
ACCOUNT NO. <b>1323691116</b> <b>Credit Protection Asso</b> <b>13355 Noel Rd Ste 2100</b> <b>Dallas, TX 75240</b>		<b>Open account opened 7/06</b>				<b>458.00</b>
ACCOUNT NO. <b>Comcast</b>		<b>Assignee or other notification for:</b> <b>Credit Protection Asso</b>				

Sheet no. **2** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,624.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>439709589949</b> <b>Dependon Collection Se</b> <b>120 W 22nd St Ste 360</b> <b>Oak Brook, IL 60523</b>		<b>Open account opened 4/05</b>				<b>113.00</b>
ACCOUNT NO. <b>Martin J. Greenberg M.d.</b>		<b>Assignee or other notification for:</b> <b>Dependon Collection Se</b>				
ACCOUNT NO. <b>8688370</b> <b>Er Solutions</b> <b>500 Sw 7th Street</b> <b>Renton, WA 98055</b>		<b>Open account opened 12/07</b>				<b>1,688.00</b>
ACCOUNT NO. <b>Bank Of America</b>		<b>Assignee or other notification for:</b> <b>Er Solutions</b>				
ACCOUNT NO. <b>First Cash Advance</b> <b>6421 W North Ave</b> <b>Oak Park, IL 60302</b>						<b>0.00</b>
ACCOUNT NO. <b>5177607312146176</b> <b>First Premier Bank</b> <b>601 S Minnesota Ave</b> <b>Sioux Falls, SD 57104</b>		<b>Revolving account opened 6/05</b>				<b>451.00</b>
ACCOUNT NO. <b>H&amp;R Block Bank</b> <b>Po Box 3052</b> <b>Madison, WI 53201-3052</b>						<b>474.00</b>

Sheet no. **3** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,726.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Heller And Frisone Law</b> <b>33 N Lasalle St</b> <b>Chicago, IL 60602-2603</b>		<b>overdraft</b>				<b>832.00</b>
ACCOUNT NO. <b>TCF Bank</b> <b>800 Burr Ridge Pkwy</b> <b>Burr Ridge, IL 60527</b>		<b>Assignee or other notification for:</b> <b>Heller And Frisone Law</b>				
ACCOUNT NO. <b>9037493</b> <b>Illinois Collection Se</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60487</b>		<b>Open account opened 6/06</b>				<b>164.00</b>
ACCOUNT NO. <b>Montclare Dental</b>		<b>Assignee or other notification for:</b> <b>Illinois Collection Se</b>				
ACCOUNT NO. <b>2610149286003</b> <b>Jefferson Capital Syst</b> <b>16 Mcleland Rd</b> <b>St Cloud, MN 56303</b>		<b>Open account opened 11/07</b>				<b>712.00</b>
ACCOUNT NO. <b>Imagine Mastercard</b>		<b>Assignee or other notification for:</b> <b>Jefferson Capital Syst</b>				
ACCOUNT NO. <b>2649772323003</b> <b>Jefferson Capital Syst</b> <b>16 Mcleland Rd</b> <b>St Cloud, MN 56303</b>		<b>Open account opened 7/08</b>				<b>303.00</b>

Sheet no. **4** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,011.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Salute Visa Gold</b>		<b>Assignee or other notification for: Jefferson Capital Syst</b>				
ACCOUNT NO. <b>Kca Financial 628 North Street Geneva, IL 60134</b>		<b>utility bill</b>				<b>1,290.00</b>
ACCOUNT NO. <b>Peoples Energy 130 E Randolph St Chicago, IL 60601-6207</b>		<b>Assignee or other notification for: Kca Financial</b>				
ACCOUNT NO. <b>D140821n1</b> <b>Leland Scott And Associa Po Box 2205 Mansfield, TX 76063</b>		<b>Open account opened 12/04</b>				<b>552.00</b>
ACCOUNT NO. <b>Women S Workout World-lawrence</b>		<b>Assignee or other notification for: Leland Scott And Associa</b>				
ACCOUNT NO. <b>1780763</b> <b>Medical Collections Sy 725 S. Wells Ave Ste 700 Chicago, IL 60607</b>		<b>Unknown account opened 12/05</b>				<b>220.00</b>
ACCOUNT NO. <b>Pff Emergency Services Per</b>		<b>Assignee or other notification for: Medical Collections Sy</b>				

Sheet no. **5** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,062.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8522209989</b> <b>Midland Credit Mgmt</b> <b>8875 Aero Dr</b> <b>San Diego, CA 92123</b>		<b>Open account opened 3/07</b>				<b>652.00</b>
ACCOUNT NO. <b>Aspen Mastercard</b>		<b>Assignee or other notification for:</b> <b>Midland Credit Mgmt</b>				
ACCOUNT NO. <b>8521756244</b> <b>Midland Credit Mgmt</b> <b>8875 Aero Dr</b> <b>San Diego, CA 92123</b>		<b>Open account opened 2/07</b>				<b>638.00</b>
ACCOUNT NO. <b>Aspire Visa</b>		<b>Assignee or other notification for:</b> <b>Midland Credit Mgmt</b>				
ACCOUNT NO. <b>10910022211</b> <b>Nationwide Credit And Co</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154</b>		<b>Open account opened 9/05</b>				<b>125.00</b>
ACCOUNT NO. <b>Loyola University Health Sys.</b>		<b>Assignee or other notification for:</b> <b>Nationwide Credit And Co</b>				
ACCOUNT NO. <b>Pekay And Blitstein</b> <b>77 W. Washington, Ste 719</b> <b>Chicago, IL 60602</b>		<b>Civil Suit/payday loan</b>				<b>1,534.00</b>

Sheet no. 6 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,949.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4057310020073034</b> <b>Plains Commerce Bank</b> <b>5109 S Broadband Ln</b> <b>Sioux Falls, SD 57108</b>		<b>Revolving account opened 5/07</b>				<b>324.00</b>
ACCOUNT NO. <b>Pls Rogers Park</b> <b>7001 N Clark St</b> <b>Chicago, IL 60626</b>						<b>0.00</b>
ACCOUNT NO. <b>70786</b> <b>Rmi/mcsi</b> <b>3348 Ridge Rd</b> <b>Lansing, IL 60438</b>						<b>250.00</b>
ACCOUNT NO. <b>Village Of Bellwood</b>		<b>Assignee or other notification for:</b> <b>Rmi/mcsi</b>				
ACCOUNT NO. <b>Saints Mary And Elizabeth Medical Center</b> <b>1117 Paysphere Circle</b> <b>Chicago, IL 60674</b>		<b>medical</b>				<b>50.00</b>
ACCOUNT NO. <b>Sbc</b> <b>225 W Randolph St</b> <b>Chicago, IL 60606</b>		<b>Utility or Cellular Service</b>				<b>368.00</b>
ACCOUNT NO. <b>1230260001271173</b> <b>Stuart Allan And Assoc</b> <b>5447 E 5th St Ste 110</b> <b>Tucson, AZ 85711</b>		<b>Open account opened 3/03</b>				<b>431.00</b>

Sheet no. 7 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,423.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Standard Insurance Company</b>		<b>Assignee or other notification for: Stuart Allan And Assoc</b>				
ACCOUNT NO. <b>1023600199</b> <b>Trust Rec Sv</b> <b>541 Otis Bowen Dri</b> <b>Munster, IN 46321</b>						<b>100.00</b>
ACCOUNT NO. <b>Med1 St Elizabeths Hospital</b>		<b>Assignee or other notification for: Trust Rec Sv</b>				
ACCOUNT NO. <b>1022400298</b> <b>Trust Rec Sv</b> <b>541 Otis Bowen Dri</b> <b>Munster, IN 46321</b>						<b>56.00</b>
ACCOUNT NO. <b>Med1 St Elizabeths Hospital</b>		<b>Assignee or other notification for: Trust Rec Sv</b>				
ACCOUNT NO. <b>136000185</b> <b>United Auto Credit Co</b> <b>17752 Sky Park Cir Ste 1</b> <b>Irvine, CA 92614</b>		<b>Installment account opened 3/04</b>				<b>3,422.00</b>
ACCOUNT NO. <b>Wellington Radiology Group</b> <b>39006 Treasury Center</b> <b>Chicago, IL 60694</b>		<b>medical</b>				<b>42.00</b>

Sheet no. 8 of 9 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,620.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE **Smith, Anita M**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1003221961</b> <b>Zenith Acquisition</b> <b>3200 Elmwood Avenue</b> <b>Kenmore, NY 14217</b>		<b>Open account opened 12/07</b>				<b>324.00</b>
ACCOUNT NO. <b>Total Card</b>		<b>Assignee or other notification for: Zenith Acquisition</b>				
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **9** of **9** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
(Total of this page) \$ **324.00**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **23,213.35**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <b>Daughter Daughter Son</b>	AGE(S): <b>19 17 12</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation <b>Security</b> Name of Employer <b>Chicago Public Schools</b> How long employed <b>9 years</b> Address of Employer <b>PO Box 2866 Chicago, IL 60690</b>		

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>2,867.95</b>	\$
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 2,867.95</b>	
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>293.90</b>	\$
b. Insurance	\$ <b>49.51</b>	\$
c. Union dues	\$ <b>43.33</b>	\$
d. Other (specify) <b>403b Pension</b>	\$ <b>216.67</b>	\$
	\$ <b>47.02</b>	\$
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 650.43</b>	
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 2,217.52</b>	
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify)	\$	\$
	\$	\$
	\$	\$
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$</b>	<b>\$</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 2,217.52</b>	
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 2,217.52</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 847.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 115.00
b. Water and sewer	\$
c. Telephone	\$ 50.00
d. Other <u>Cell Phone</u>	\$ 100.00
<u>Cable And Internet</u>	\$ 75.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 350.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 50.00
7. Medical and dental expenses	\$ 35.00
8. Transportation (not including car payments)	\$ 300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 100.00
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$
e. Other _____	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) _____	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$
b. Other _____	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other <u>Personal Car And Grooming</u>	\$ 75.00
<u>Bank Fees And Postage</u>	\$ 15.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 2,212.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 2,217.52
b. Average monthly expenses from Line 18 above	\$ 2,212.00
c. Monthly net income (a. minus b.)	\$ 5.52

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 23 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: October 7, 2008 Signature: /s/ Anita M Smith  
Anita M Smith Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_ Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_  
*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

\_\_\_\_\_  
Address

Signature of Bankruptcy Petition Preparer \_\_\_\_\_ Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*  
  
*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Smith, Anita M

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
27,000.00	2006 Income from employment
31,000.00	2007 Income from employment
2,867.95	2008 Income from employment (monthly)

### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	10/04/2008	301.00

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)



- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1012 N Springfield, Chicago, IL 60651	Same	Moved 02/08
934 N Pulaski, Chicago, IL 60651	Same	Moved 04/2006

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: October 7, 2008 Signature /s/ Anita M Smith  
of Debtor **Anita M Smith**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Smith, Anita M

Case No. \_\_\_\_\_

Chapter 7

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
None					

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

10/07/2008

/s/ Anita M Smith

Date

Anita M Smith

Debtor

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Smith, Anita M

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 40

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: October 7, 2008

/s/ Anita M Smith

Debtor

\_\_\_\_\_  
Joint Debtor

Smith, Anita M  
2654 W North Ave  
Chicago, IL 60647

Cavalry Portfolio Serv  
7 Skyline Dr Ste 3  
Hawthorne, NY 10532

H&R Block Bank  
Po Box 3052  
Madison, WI 53201-3052

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Central Furn  
1348 N Milwaukee  
Chicago, IL 60622

Heller And Frisone Law  
33 N Lasalle St  
Chicago, IL 60602-2603

Aaron Sales And Lease Ow  
1015 Cobb Place Blvd Nw  
Kennesaw, GA 30144

Com Ed  
Customer Care Center  
PO Box 805379  
Chicago, IL 60680-5379

Illinois Collection Se  
8231 185th St Ste 100  
Tinley Park, IL 60487

Advocate Illinois Masonic  
836 W Wellington Ave  
Chicago, IL 60657

Comcast  
Attn: Bankruptcy  
1500 Market St  
Philadelphia, PA 19102-2100

Jefferson Capital Syst  
16 Mcleland Rd  
St Cloud, MN 56303

Advocate Illinois Masonic Physicians Gro  
75 Remittance Dr. Suite 6994  
Chicago, IL 60675

Computer Credit Svc Co  
Po Box 60201  
Chicago, IL 60660

Kca Financial  
628 North Street  
Geneva, IL 60134

Allied Interstate Inc  
435 Ford Rd Ste 800  
Minneapolis, MN 55426

Credit Protection Asso  
13355 Noel Rd Ste 2100  
Dallas, TX 75240

Leland Scott And Associa  
Po Box 2205  
Mansfield, TX 76063

America's Fi  
2 W. Madison St.  
Oak Park, IL 60302

Dependon Collection Se  
120 W 22nd St Ste 360  
Oak Brook, IL 60523

Medical Collections Sy  
725 S. Wells Ave Ste 700  
Chicago, IL 60607

American Accounts & Advisors  
3904 Cedarvale Drive  
Eagan, MN 55122

Er Solutions  
500 Sw 7th Street  
Renton, WA 98055

Midland Credit Mgmt  
8875 Aero Dr  
San Diego, CA 92123

Americash Loans  
1117 S First Ave  
Maywood, IL 60153

First Cash Advance  
6421 W North Ave  
Oak Park, IL 60302

Nationwide Credit And Co  
9919 W Roosevelt Rd  
Westchester, IL 60154

Cap One  
Po Box 85520  
Richmond, VA 23285

First Premier Bank  
601 S Minnesota Ave  
Sioux Falls, SD 57104

Pekay And Blitstein  
77 W. Washington, Ste 719  
Chicago, IL 60602

Peoples Energy  
130 E Randolph St  
Chicago, IL 60601-6207

Wellington Radiology Group  
39006 Treasury Center  
Chicago, IL 60694

Plains Commerce Bank  
5109 S Broadband Ln  
Sioux Falls, SD 57108

Zenith Acquisition  
3200 Elmwood Avenu  
Kenmore, NY 14217

Pls Rogers Park  
7001 N Clark St  
Chicago, IL 60626

Rmi/mcsi  
3348 Ridge Rd  
Lansing, IL 60438

Saints Mary And Elizabeth Medical Center  
1117 Paysphere Circle  
Chicago, IL 60674

Sbc  
225 W Randolph St  
Chicago, IL 60606

Stuart Allan And Assoc  
5447 E 5th St Ste 110  
Tucson, AZ 85711

TCF Bank  
800 Burr Ridge Pkwy  
Burr Ridge, IL 60527

Trust Rec Sv  
541 Otis Bowen Dri  
Munster, IN 46321

United Auto Credit Co  
17752 Sky Park Cir Ste 1  
Irvine, CA 92614

IN RE:

Case No. \_\_\_\_\_

Smith, Anita M

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **301.00**

Balance Due ..... \$ **375.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:  
**Litigation / Adversary Proceedings**  
**\$400.00 for Motions to Redeem**  
**Credit Counseling Fees**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**October 7, 2008**

Date

**/s/ Derek V Lofland**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm



CHICAGO PUBLIC SCHOOLS  
P.O. BOX 2866  
CHICAGO, IL 60690

Document Page 40 of 49

DATE: SEPTEMBER 26, 2008  
PAY RUN ID: ES20080920-0502047534  
ADVICE NUMBER: 502047534

PAY PERIOD: 09/07/08-09/20/08  
LANE/GRADE: G02  
STEP: 05



07692 CKS LB 0A244 - 0502047534 NNNN 2685100001002 X37183 A

ANITA MARIE SMITH  
2654 W. NORTH AVE.  
406  
CHICAGO IL 60647-5249



EMPLOYEE ID: 000015369  
TIME CURRENT: 70.00  
OVERTIME: 0.00

YTD TOTAL GROSS: \$29,531.93  
YTD TAXABLE GROSS: \$22,031.05  
MAIL DROP/DEPT/JOB CODE: 00559/46031/000480

POSITION/EARN TYPE---HOURS-AMOUNT/ADJ.--ADJ. PP

150250/Reg Earns 70.00 1323.67

TAXES/DEDUCTIONS/NET-----CURRENT-----YTD--

BCBS HMO Family	16.84	319.96
403(b) Deferred Savings P	100.00	1900.00
CPS Pension Plan	21.70	435.08
Deferred Pay 38.6 Week Em	290.19	522.34
Break Advance Repayment	0.00	1245.84
Fed Withholding S01	94.05	1623.71
Fed MED/EE	14.74	353.31
IL Withholding 00	26.85	566.49
Employee Supplemental Lif	2.01	38.19
Dep/Spouse Personal Accid	0.12	2.28
Dep/Spouse Life	0.45	8.55
Personal Accident Insuran	0.54	10.26
Long Term Disability	2.99	56.81
Garnishment-Writ	131.42	131.42
SEIU Local 73 Dues	20.00	380.00
Garnishment-Bankruptcy	0.00	258.06

BENEFIT DAYS-----  
SCK 10.00 SCP 0.00 PBD 0.00  
VAC 4.15 VCI 0.00 VC2 0.00

\*\*\* CURRENT GROSS PAY \$1,323.67

CBOE Pension Contrib 72.34 1450.14

PAYMENT DISTRIBUTION-----  
Checking \*\*\*2934 601.77

\*\*\* CURRENT NET PAY \$601.77

MESSAGES: ESP Regular Payroll PP 19



CHICAGO PUBLIC SCHOOLS  
P.O. BOX 2866  
CHICAGO, IL 60690

ADVICE  
NUMBER 502047534

September 26, 2008

PAY ANITA MARIE SMITH  
TO THE  
ORDER OF:

\$601.77

ADVICE OF DEPOSIT - NON NEGOTIABLE



SECURITY FEATURES  
INCLUDED:  
SEE DETAILS ON BACK

⑈ 50 204 7534 ⑈ ⑆ 07 19 23 22 6 ⑆

9435115⑈





CHICAGO PUBLIC SCHOOLS  
P.O. BOX 2866  
CHICAGO, IL 60690

Document PAGE: Page 41 of 49

DATE: September 2, 2008  
PAY RUN ID: SU20080825-0400340936  
CHECK NUMBER: 400340936

PAY PERIOD: 08/10/08-08/26/08  
LANE/GRADE: G02  
STEP: 05



00337 CKS 68 08242 - 0400340936 NNNN 242510000502 X371A1 C  
ANITA MARIE SMITH  
2654 W. NORTH AVE.  
406  
CHICAGO IL 60647-5249

EMPLOYEE ID: 000015369  
TIME CURRENT: 0.00  
OVERTIME: 0.00

YTD TOTAL GROSS: \$27,044.76  
YTD TAXABLE GROSS: \$20,341.16  
MAIL DROP/DEPT/JOB CODE: 00559/46031/000480

POSITION/EARN TYPE--HOURS-AMOUNT/ADJ.--ADJ. PP

301519/Summer 22.50 425.47 07/26/08

TAXES/DEDUCTIONS/NET-----CURRENT-----YTD--

CPS Pension Plan	8.93	393.82
Break Advance Repayment	0.00	1245.84
BCBS HMO Family	0.00	286.28
403(b) Deferred Savings P	0.00	1700.00
Deferred Pay Balance	0.00	104.56
Fed Withholding S04	0.00	1509.99
Fed MED/EE	6.17	325.31
IL Withholding 02	7.88	520.41
Garnishment-Bankruptcy	0.00	258.06
Employee Supplemental Lif	0.00	34.17
Dep/Spouse Personal Accid	0.00	2.04
Dep/Spouse Life	0.00	7.65
Personal Accident Insuran	0.00	9.18
Long Term Disability	0.00	50.83
SEIU Local 73 Dues	0.00	340.00

BENEFIT DAYS-----  
SCK 10.00 SCP 0.00 PBD 0.00  
VAC 3.04 VC1 0.00 VC2 0.00

\*\*\* CURRENT GROSS PAY \$425.47

CBOE Pension Contrib 29.78 1312.61

\*\*\* CURRENT NET PAY \$402.49

MESSAGES: Supplemental Payroll PP 17



CHICAGO PUBLIC SCHOOLS  
P.O. BOX 2866  
CHICAGO, IL 60690

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DATE: August 19, 2008  
PAY RUN ID: ES20080809-0400336448  
CHECK NUMBER: 400336448

PAY PERIOD: 07/27/08-08/09/08  
LANE/GRADE: G02  
STEP: 05



005A2 CKS ZA 08226 - 0400336448 NNNN 2265100001001 X371A1 C  
ANITA MARIE SMITH  
2654 W. NORTH AVE.  
406  
CHICAGO IL 60647-5249



EMPLOYEE ID: 000015369  
TIME CURRENT: 0.00  
OVERTIME: 0.00

YTD TOTAL GROSS: \$25,419.67  
YTD TAXABLE GROSS: \$18,887.03  
MAIL DROP/DEPT/JOB CODE: 00697/46031/000480

POSITION/EARN TYPE---HOURS-AMOUNT/ADJ.--ADJ. PP

150250/DeferredPy 0.00 972.71

TAXES/DEDUCTIONS/NET-----CURRENT-----YTD--

BCBS HMO Family	16.84	269.44
403(b) Deferred Savings P	100.00	1600.00
CPS Pension Plan	20.43	359.70
Break Advance Repayment	0.00	1245.84
Deferred Pay Balance	0.00	1077.27
Fed Withholding S04	21.04	1462.12
Fed MED/EE	13.86	301.99
IL Withholding 02	20.45	485.42
Employee Supplemental Lif	2.01	32.16
Dep/Spouse Personal Accid	0.12	1.92
Dep/Spouse Life	0.45	7.20
Personal Accident Insuran	0.54	8.64
Long Term Disability	2.99	47.84
SEIU Local 73 Dues	20.00	320.00
Garnishment-Bankruptcy	0.00	258.06

BENEFIT DAYS-----  
SCK 10.00 SCP 0.00 PED 0.00  
VAC 3.04 VCI 0.00 VC2 0.00

\*\*\* CURRENT GROSS PAY \$972.71

CBOE Pension Contrib 68.09 1198.86

\*\*\* CURRENT NET PAY \$753.98

MESSAGES: ESP Payroll PP 16

PLEASE DETACH BEFORE DEPOSITING CHECK

\*\*\* STATEMENT OF EARNINGS, DEDUCTIONS AND TAXES PLEASE RETAIN FOR YOUR RECORDS \*\*\*



This Product Contains Sensitive Taxpayer Data

## Wage and Income Transcript

Request Date: 10-07-2008  
Response Date: 10-07-2008  
Employee Number: 29HCB  
Tracking Number: 100032814876

SSN Provided: 320-64-8029  
Tax Period Requested: December, 2007

## Form W-2 Wage and Tax Statement

### Employer:

Employer Identification Number (EIN): 362984788  
OAK PARK ARMS HOTEL  
408 S OAK PARK AVE  
OAK PARK, IL 60302-0000

### Employee:

Employee's Social Security Number: 320-64-8029  
ANITA SMITH  
1012 N SPRINGFIELD  
CHICAGO, IL 60651-0000

### Submission Type:

Original document

Wages, Tips and Other Compensation:	\$522.00
Federal Income Tax Withheld:	0.00
Social Security Wages:	\$522.00
Social Security Tax Withheld:	\$32.00
Medicare Wages and Tips:	\$522.00
Medicare Tax Withheld:	\$7.00
Social Security Tips:	0.00
Allocated Tips:	0.00
Advanced EIC Payment:	0.00
Dependent Care Benefits:	0.00
Deferred Compensation:	0.00
Code "Q" Nontaxable Combat Pay:	0.00
Code "W" Employer Contributions to a Health Savings Account:	0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	0.00
Code "R" Employer's Contribution to MSA:	0.00
Code "S" Employer's Contribution to Simple Account:	0.00
Code "T" Expenses Incurred for Qualified Adoptions:	0.00
Code "V" Income from exercise of non-statutory stock options:	0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	0.00

Third Party Sick Pay Indicator:  
Retirement Plan Indicator:  
Statutory Employee:

Unanswered  
Unanswered  
Not Statutory  
Employee

## Form W-2 Wage and Tax Statement

### Employer:

Employer Identification Number (EIN): 366005821  
BOARD OF ED CITY OF CHICAGO  
125 S CLARK STREET  
CHICAGO, IL 60603-0000

### Employee:

Employee's Social Security Number: 320-64-8029  
ANITA MARIE SMITH  
1012 N. SPRINGFIELD 1ST FLOOR  
CHICAGO, IL 60651-0000

### Submission Type:

Original document

Wages, Tips and Other Compensation:	\$26,929.00
Federal Income Tax Withheld:	\$2,256.00
Social Security Wages:	0.00
Social Security Tax Withheld:	0.00
Medicare Wages and Tips:	\$30,049.00
Medicare Tax Withheld:	\$435.00
Social Security Tips:	0.00
Allocated Tips:	0.00
Advanced EIC Payment:	0.00
Dependent Care Benefits:	0.00
Deferred Compensation:	\$2,600.00
Code "Q" Nontaxable Combat Pay:	0.00
Code "W" Employer Contributions to a Health Savings Account:	0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	0.00
Code "R" Employer's Contribution to MSA:	0.00
Code "S" Employer's Contribution to Simple Account:	0.00
Code "T" Expenses Incurred for Qualified Adoptions:	0.00
Code "V" Income from exercise of non-statutory stock options:	0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Yes
Statutory Employee:	Not Statutory Employee

## Form W-2 Wage and Tax Statement

### Employer:

Employer Identification Number (EIN): 410760000  
UNITED STATES POSTAL SERVICE  
2825 LONE OAK PARKWA  
EAGAN, MN 55121-9617

**Employee:**

Employee's Social Security Number: 320-64-8029  
A M SMITH  
1012 N SPRINGFIELD  
CHICAGO, IL 60651-3744

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$73.00
Federal Income Tax Withheld:	0.00
Social Security Wages:	\$73.00
Social Security Tax Withheld:	\$4.00
Medicare Wages and Tips:	\$73.00
Medicare Tax Withheld:	\$1.00
Social Security Tips:	0.00
Allocated Tips:	0.00
Advanced EIC Payment:	0.00
Dependent Care Benefits:	0.00
Deferred Compensation:	0.00
Code "Q" Nontaxable Combat Pay:	0.00
Code "W" Employer Contributions to a Health Savings Account:	0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	0.00
Code "R" Employer's Contribution to MSA:	0.00
Code "S" Employer's Contribution to Simple Account:	0.00
Code "T" Expenses Incurred for Qualified Adoptions:	0.00
Code "V" Income from exercise of non-statutory stock options:	0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

**Form 1099-G**

**Payer:**

Payer's Federal Identification Number (FIN): 376002057  
STATE OF ILLINOIS REVENUE DEPARTMENT  
101 WEST JEFFERSON  
SPRINGFIELD, IL 62708-0000

**Recipient:**

Recipient's Identification Number: 320-64-8029  
SMITH ANITA  
1012 N SPRINGFIELD AVE 1

CHICAGO, IL 60651-3744

Submission Type:	Original document
Account Number (Optional):	N/A
ATAA Payments:	0.00
Tax Withheld:	0.00
Taxable Grants:	0.00
Unemployment Compensation:	0.00
Agricultural Subsidies:	0.00
Prior Year Refund:	\$198.00
Year of Refund:	2006
1099G Offset:	Not Refund Credit, or Offset for Trade or Business

## Form 1099-INT

**Payer:**

Payer's Federal Identification Number (FIN): 381798424  
U S TREASURY DEPARTMENT - INTERNAL REVENUE  
OE SERVICE IMF  
1111 CONSTITUTION AVE NW  
WASHINGTON, DC 20224-0000

**Recipient:**

Recipient's Identification Number: 320-64-8029  
ANITA SMITH  
1012 N SPRINGFIELD AVE  
CHICAGO, IL 60651-3744

Submission Type:	Original document
Account Number (Optional):	N/A
Interest:	\$27.00
Tax Withheld:	0.00
Savings Bonds:	0.00
Investment Expense:	0.00
Interest Forfeiture:	0.00
Foreign Tax Paid:	0.00
Second Notice Indicator:	No Second Notice

## Form 1099-R Distributions from Pensions, Annuities, Retire or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**Payer:**

Payer's Federal Identification Number (FIN): 760519990  
VALIC RETIREMENT SERVICES COMPANY  
CLIENT SERVICES 877 290 2571  
PO BOX 3206  
HOUSTON, TX 77253-0000

**Recipient:**

Recipient's Identification Number: 320-64-8029

ANITA M SMITH  
1012 N SPRINGFIELD  
CHICAGO, IL 60651-0000

Submission Type:	Original document
Account Number (Optional):	5253481
Distribution Code Value:	Early Distribution - No known exception
Distribution Code:	Not significant
Tax Amount Undetermined Code:	Not checked
Total Distribution Code:	Not checked
SEP Indicator:	IRA/SEP/SIMP box not checked
Tax Withheld:	0.00
Total Employee Contributions:	0.00
Unrealized Appreciation:	0.00
Other Income:	0.00
Gross Distribution:	\$2,728.00
Taxable Amount:	\$2,728.00
Eligible Capital Gains:	0.00

This Product Contains Sensitive Taxpayer Data

Certificate Number: 01401-ILN-CC-005078855

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on October 6, 2008, at 12:22 o'clock PM EDT,

Anita M Smith received from

GreenPath, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone.

Date: October 6, 2008

By /s/Holli Bratt for Christina Duby

Name Christina Duby

Title Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).



IN RE:

Smith, Anita M

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet

**PART I - DECLARATION OF PETITIONER**

A. To be completed in all cases.

Date: 10-7-08

I(We) Anita M Smith and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Anita Smith  
(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_  
(Joint Debtor)